



**Community Action and Human Services Department
Low Income Home Energy Assistance Program**



LIHEAP APPLICATION

For Office Use Only

- Home Energy
- Crisis
- Disaster Assistance
- Referred to Weatherization

Stamp Date to the Right

Did you remember to attach COPIES of the following?

- SS cards for all household members
- Proof of income for all household members (past month)
- Copy of identification for all adult household members
- Copy and original of most recent energy bill

PLEASE FILL OUT APPLICATION COMPLETELY

Your LIHEAP application is not a commitment that your bill will be paid. If eligible, a credit will be sent directly to the utility vendor. However:

You must continue to pay the amount owed on your bill.

- Give the following information for yourself first and then each person living in your home. If more than six persons live in your home, list the additional persons, giving the same information on a separate sheet of paper and attach to this form.

Marital status: _____ Place of birth: _____ Ethnicity: _____ Citizenship: _____

Name First, Middle, Last (Applicant Name)	Social Security Number	Date of Birth	Age	Sex	Race	Relationship to applicant	Education Completed	Source of Income	Monthly Income
						SELF			

2. The address where you are living:

_____, FL _____
Street Number and Name, RFD, Apt. or Lot No. City or Town Zip Code County

3. How Long at Current Address: _____ Home Owner: _____ Rent: _____

4. Your mailing address, if different from above:

_____, FL _____
Street Number and Name, RFD, Apt. or Lot No. City or Town Zip Code County

5. Day time telephone number where you can be reached: () _____ E-Mail _____

6. If your monthly household income is less than 50 % of poverty level, explain how you pay for food, shelter, clothing, transportation and home utilities.

7. Complete the following for your household:

Number of elderly persons (65 or older) # _____
Number of disabled persons # _____
Number of children 5 years of age or younger # _____

8. If you share your living or mailing address with others who are not part of your home, list their names:

_____ ; _____ ; _____

9. If you or anyone in your home are not a U.S. citizen or an alien lawfully admitted for permanent residence, give the person's name and alien status under the Immigration and Naturalization Act.

Name: _____ Alien Status: _____

10. Are you or any member of your household a member of the Poarch Creek Indian Tribe? Yes _____ No _____

11. Check the programs that anyone in your household is currently eligible for or receiving assistance from:

CSBG
 Weatherization
 TANF/WAGES
 Food Stamps
 EHEAP

12. If you or any member of your household has received energy assistance in the last 13 months, complete the information below:

Name of Agency	Type of help (EHEAP, LIHEAP Home Energy or Crisis)	Date
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13. Do any of the following situations currently apply to you? (Check appropriate box(es) below)

- | | |
|--|---|
| <p><input type="checkbox"/> My electricity has been disconnected.</p> <p><input type="checkbox"/> My current electric bill is delinquent.</p> <p><input type="checkbox"/> I have a shut-off notice from the electric company.</p> <p><input type="checkbox"/> None of the above currently apply to my household.</p> <p><input type="checkbox"/> I am a CAHSD employee.</p> <p><input type="checkbox"/> I am not a CAHSD employee.</p> | <p><input type="checkbox"/> I have little or no propane, fuel oil or wood for heating.</p> <p><input type="checkbox"/> I have a shut-off notice from my gas company.</p> <p><input type="checkbox"/> My current natural gas bill is delinquent.</p> <p><input type="checkbox"/> Other energy crisis-Describe:</p> |
|--|---|

14. If your cost of home energy is included in your rent, give name and telephone number of your landlord. Attach a copy of a letter from the landlord confirming that your rent includes utilities.

Landlord: _____ Landlord's Telephone Number () _____

15. If you live in government subsidized housing, Section 8 housing complex, a dormitory, nursing home, adult foster home, or any kind of group living facility, complete the following:

Name of place where you live: _____

Street Number and Name, RFD, Apt. or Lot Number	City or Town	,FL Zip Code	Country
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